Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 16-31, 2004.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

SWRCB Budgets

OMB Approval No. 0348-0043 2. Date Submitted Applicant Identifier APPLICATION FOR FEDERAL ASSISTANCE State Application Identifier 3. Date Rec'd by State 1. Type of Submission: Preapplication Application Federal Identifier 4. Date Rec'd by Federal Construction Construction C9 96906801 Nonconstruction Nonconstruction RECEIVED Organizational Unit: 5. Applicant Information: Division of Financial Assistance Legal Name and Address: DEC 1 6 200 Name and telephone of person to be contacted on matters (give city, county, state, and zip code) involving this application (give area code): State Water Resources Control Board 1001 I Street, Sacramento CONTATE CLEARING HOUSE Jurkevics (916) 341-5498 Sacramento, California 95814 6. Employer Identification Number (EIN): 68--0281986 7. Type of Applicant: (enter appropriate letter) __A_ A. State H. Independent School District 1. State Institute of Higher Learning B. County 6. DUNS Number: 808321913 C. Municipal J. Private University 8. Type of Application: K. Indian Tribe D. Township X Revision New Continuation E. Interstate L. Individual If Revision, enter appropriate letter(s): A M. Profit Organization F. Intermunicipal A. Increase Award B. Decrease Award G. Special District N. Other (specify) C. Increase Duration D. Decrease Duration Other (specify) 9. Name of Federal Agency: 10. Catalog of Federal Domestic Assistance Number U. S. Environmental Protection Agency 66.460 11. Descriptive Title of Applicant's Project: Title: Nonpoint Source Implementation Grants Implement and coordinate activities and projects under the 12. Area Affected by Project: Clean Water Act, Section 319(H) for funding nonpoint source management projects. (cities, counties, states, etc.) California 13. Proposed Project: Start Date End Date 14. Congressional District of: 7/1/2004 6/30/2009 Applicant: Project: California - All 16. Is the application subject to review by the State 15. ESTIMATED FUNDING: Executive Order (EO) 12372 process? a. Federal \$0 a. YES: X This application/preapplication was made b. Applicant \$0 available to the State EO 12372 process for c. State \$0 review on: d. Local Date: December 16, 2004 \$0 Program is not covered by EO # 12372 e. Other -- "In-Kind" b. NO: \$777,179 \$0 f. Program Income Program has not been selected by the state for review. 17. Is the applicant delinquent on any Federal debt? g. TOTAL \$777,179 YES, attach explanation X NO 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Typed Name of Authorized Representative b. Title: c. Telephone Number Celeste Cantú Executive Director (916) 341-5615

d. Signature of Authorized Representative

e. Date Signed:

FEDERAL ASSISTANCE		2. DATE SUBMITTED December 7, 2004		Applicant Identifier	
1. TYPE OF SUBMISSION:				State Application Identifier	
Application	Preapplication	0. 57.12 (1202.1125 5.		ordio rippinodio ricontino	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
✓ Non-Construction	Non-Construction				
5. APPLICANT INFORMATION			Ta		
Legal Name: Dos Palos Joint Unifi	ed School District		Organizational Unit: Dos Palos Sta		
Address (give city, county, State,	and zip code):			number of person to be contacted on matters involvi	
Dos Palos, Merced C	ounty, California 9	3620	this application (give area code) Dwight Thompson 209-392-2151		
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):	***************************************	7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)	
00-0303	8 9 7		A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning	
New	☐ Continuation	Revision	C. Municipal	J. Private University	
_	,		D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization Public	
A. Increase Award B. Decr	ease Award C. Increase	Duration	G. Special District	N. Other (Specify) School District	
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERA		
			United States Department of Agriculture		
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE NU	IMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
		10-766	Playground for pr	reschool and local community.	
TITLE:				•	
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	tes, etc.):			
Dos Palos/South Dos Palo	os, Merced County				
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
	a. Applicant		b. Project		
8/15/04 7/30/05	Dwight Th	ompson	Pres	chool/community playground	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE	
		<u> </u>	ORDER 12372 PR	OCESS?	
a. Federal	\$ 4	2675 00	A VEG THIS BOEA	PPLICATION/APPLICATION WAS MADE	
b. Applicant	\$		ł	TO THE STATE EXECUTIVE ORDER 12372	
		34915.00	l .	FOR REVIEW ON:	
c. State	ECEIVED	,00	DATE	/10/04	
d. Local	EC 1 6 2004	.00	b No IT PROGRA	M IS NOT COVERED BY E. O. 12372	
e. Other	\$.00		GRAM HAS NOT BEEN SELECTED BY STATE	
TATS	E CLEARING HOUSE		FOR REV	IEW	
f. Program Income	S	.00			
- TOTAL	\$	00	17. IS THE APPLICAN	NT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL \$ 77,590.000		Yes If "Yes," attach an explanation.			
į.	·			ION ARE TRUE AND CORRECT, THE	
			E APPLICANT AND TH	HE APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Repr		b. Title	****	c. Telephone Number	
F. Dwight Thompson Principal				(209) 392-2151	
d. Signature of Authorized Repres	sentative Z O	lut + X		e. Date Signed 12/07/04	

Previous Edition Usable

APPLICATION FOR

APPLICATION FOR					Version 7/03		
FEDERAL ASSISTANCE		2. DATE SUBMITTED December 14, 2004		Applicant Iden	Applicant Identifier CMA 04-2		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		State Applicat	State Application Identifier		
☑ Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENC	1			
Non-Construction	Non-Construction		· · · · · · · · · · · · · · · · · · ·	NPIAS 3-06-0	339-22		
5. APPLICANT INFORMATION Legal Name:			Organizational U	nit:			
County of Ventura			Department:				
Organizational DUNS:		warrante	Department of Airp	orts			
129771036							
Address: Street:			Name and telephone number of person to be contacted on matters involving this application (give area code)				
555 Airport Way, Suite B			Prefix: First Name:				
City: Camarillo			Mr. Scott Middle Name E.				
County: Venutra			Last Name Smith				
State: CA	Zip Code 93010		Suffix:				
CA Country:	93010		Email:				
USA USA			scott.smith@mail.				
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (given	ve area code)	Fax Number (give area code)		
95-6000944			(805) 388-4200		(805) 388-4366		
8. TYPE OF APPLICATION:			7. TYPE OF APPL	ICANT: (Şee bac	of form for Application Types)		
New		n 🔲 Revision	В				
If Revision, enter appropriate lett (See back of form for description		П	Other (specify)				
Other (specify)			9. NAME OF FEDERAL AGENCY: Federal Aviation Administration, Western Pacific Region				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 - 1 0 6 TITLE (Name of Program): Airport Improvement Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Airfield Drainage Infield & Ramp Rehab East & West Ramps (construction) Rehabilitation of PCC Aprons & Taxiways (construction phase 2) Perimeter Fence Upgrade, South Side (design & construction) Rehabilitation of PCC Aprons & Taxiways (design phase 3)				
Ventura County 13. PROPOSED PROJECT			44 CONCRESSIO	NAL DISTRICTS	· .		
Start Date:	Ending Date:		a. Applicant	MAL DISTRICTS	b. Project		
July 2005	December 2005		23 & 24		24		
15. ESTIMATED FUNDING:			16. IS APPLICATI ORDER 12372 PR		REVIEW BY STATE EXECUTIVE		
a. Federal \$		1,444,375	THIS PREAPPLICATION/APPLICATION WAS MADE				
b. Applicant \$		3,801	1 AVAIL	ABLE TO THE STA ESS FOR REVIEV	ATE EXECUTIVE ORDER 12372 V ON		
c. State	CEIVED	72,219	DATE:				
d. Local \$	- 2001	.00	b. No. 🗷 PROG	RAM IS NOT COV	ERED BY E. O. 12372		
	EC 1 6 2004	.00	OR PROGRAM HAS NOT BEEN SELECTED BY STAT				
f. Program Income \$	E CLEARING HOUS	SE	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
g. TOTAL \$		1,520,395	Yes If "Yes" att	ach an explanation	. No		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	, ALL DATA IN THIS APP GOVERNING BODY OF	LICATION/PREAPI THE APPLICANT A	PLICATION ARE T ND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE		
a. Authorized Representative		TTAINDED.					
Prefix First Name Mr. Scott			Mid	Middle Name F			
Last Name Smith				Suffix			
b. Title Director of Airports				c. Telephone Number (give area code) (805) 388-4200			
d. Signature of Authorized Representative				Pecember 14, 2004			

OMB Approval No. 0348-0043 **APPLICATION FOR** 2. DATE SUBMITTED Applicant Identifier December 14, 2004 OXR 04-2 FEDERAL ASSISTANCE 1. TYPE OF SUBMISSION 3. DATE RECEIVED BY STATE State Applicant Identifier Preapplication Application 4. DATE RECEIVED BY FEDERAL AGENCY Construction ☐ Construction Federal Identifier NPIAS 3-06-0179-24 Non-Construction ☐ Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: County of Ventura Department of Airports Address (give city, county, state, and zip code): Name and telephone number of the person to be contacted on matters involving this application Department of Airports Scott F. Smith 555 Airport Way (805) 388-4200 Camarillo, CA 93010 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) В 9 5 6 0 0 State H. Independent School Dist. B. County State Controlled Institution of Higher Learning 1. 8. TYPE OF APPLICATION: C. Municipal Private University Indian Tribe D Township K. Interstate Individual ☑ New ☐ Continuation ☐ Revision F. Intermunicipal M. Profit Organization If Revision, enter appropriate letter(s) in box(es): Special District N. Other (Specify) A. Increase Award B. Decrease Award C. Increase Duration 9. NAME OF FEDERAL AGENCY: D. Decrease Duration Other (specify): Federal Aviation Administration Western Pacific Region 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC 2 0 0 6 ASSISTANCE NUMBER-Upgrade security fencing, north side (design & construct) Rehabilitate Airport Pavement Including Drainage (design) TITLE: Airport Improvement Program Relocate Runway "7" Departure Threshold (Declared Distance) Rehabilitate Segmented Circle 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Rehabilitate Pavement Including Drainage, Blast Pad (construction) North Side Property Acquisition, phase 2, additional funding Ventura County 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICTS OF: Start Date **Ending Date** a. Applicant b. Project 19 and 21 21 July 2005 December 2005 15. ESTIMATED FUNDING: 16. IS SPPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE a. Federal \$ 2.455,000.00 STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. Applicant 79,211.00 DATE c. State .00 b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 d. Local .00 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW STATE CLEARING HOUSE e. Other 00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income No. Yes g. TOTAL If "Yes," attach an explanation. 2,584,210.00 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Typed Name of Authorized Representative b. Title c. Telephone number Scott E. Smith Director of Airports (805) 388-4200 d. Signature of Authorized Representative e. Date Signed December 14, 2004

Previous Editions Not Usable

				_			
APPLICATION FOR FEDERAL ASSISTANCE			2. DATE SUBMITTED 12-22-0-4	Applicant Identifier			
I. TYPE OF SUBMIS: Application	NOIZ	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier			
☐ Construction ✓ Non-Construction		☐ Construction☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier A 009094-04-0			
5. APPLICANT INFO	RMATION		****	· .			
Logal Name:			Organizational Unit:				
SOUTH COAST	AIR QUALITY MAI	NAGEMENT DISTRICT					
21865 COPLE			application (give area code)	ļ ···			
DIAMOND BAI		Anna Anna	Mary Leonard (909) 396-2780				
6. EMPLOYER IDENTIFICATION (EIN): 953099419 DEC 2 2 2004 Organizational DUNS: 025986159			7. TYPE OF APPLICANT: (cnter appropriate letter here) N A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe				
		STATE CLEARING HOUSE	E. Interstate F. Intermunicipal G. Special District H. Individual M. Profit Organization N. Other (Specify): Regional Agency				
8. TYPE OF APPLICA	ATION:		9. NAME OF FEDERAL AGENCY:	//			
If Revision, enter appro A. Increase C. Increase Other Speci	Duration D. Decrease Durative	d	U.S. Environmental Protection Agency				
Carry	OVE						
10. CATALOG OF FE		,	1). DESCRIPTIVE TITLE OF APPLICANT'S PR	ROJECT:			
	rance number: <u>66.001</u> r Pollution Control Pr	ogram Support	FY 2004-05 Air Pollution Control Program	Support			
	D BY PROJECT (cities, countie						
Orange, and the and Riverside Co	and non-desert areas d unties	f San Bernardino, Los Angeles,					
13. PROPOSED PROJ		14. CONGRESSIONAL DISTRICT OF:					
Start Date 10/01/04	End Date 09/30/05	a. Applicant:		b. Project			
10/01/04	1 09/30/05	2)****	16. IS APPLICATION SUBJECT TO REV	23-48 VIEW BY STATE EXECUTIVE			
			a. ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APP AVAILABLE TO THE STATE EXEC PROCESSES FOR REVIEW ON: DATE 12/22/04 b. NO. □ PROGRAM IS NOT COVERED B	UTIVE ORDER 12372			
15. Estimated Funding;		1	OR PROGRAM HAS NOT BEEN REVIEW				
a. Federal		\$ 573,193		· · · · · · · · · · · · · · · · · · ·			
b. Applicant		\$ 0					
c. State		<u>s</u> <u>o</u>					
d. Local		\$					
c. Other S f. Program Income S			. 17. IS THE APPLICANT DELINQUENT ON AN' Yes If "Yes" attach an explanation.	Y FEDERAL DEBT? No			
g. TOTAL							
19. TO THE BEST OF M	Y KNOWLEDGE AND BELIEF AI OF THE APPLICANT AND THE A	L DATA IN THIS APPLICATION/PREAPPLICATIO	NARE TRUE AND CORRECT, THE DOCUMENT HAS BE ASSURANCES IF THE ASSISTANCE IS AWARDED.	EN DULY AUTHORIZED BY THE			
a. Typed Name of Authorized Representative. Barry R. Wallerstein, D. Env.			b. Title: Executive Officer c. Telephone Number (909) 396-2100				
d. Signature of Authoriz	ca Representative	-		e. Date Signed			
(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	man for Rooms	Walterstein	l	220ecember 2004			

APPLICATION	ON FOR				4. DAIE	20RWILITD	Applicant Identifier
FEDERAL A	SSISTA	CE	}	:	Novem	iber 19, 2004	
TYPE OF SUBMISSI Application X	ON	Prespplication		3, DATE RECEIVED BY STATE		State Application Identifier	
Construction X Non-Construction		☐ Construction ☐ Non-Construction		4. DATE	DEC 4 ZOU4	Federal Identifier	
5. APPLICANT INFORI	MATION]	IUNS	Number: 15	-304-1538			
Legal Name: PIT RI	VER TRIBE				Organizati	onal Unit: N/A	
Address (give city, county	, अम्ब e, and zi p co	s):			Name and	telephone number of the person to be contact	ed on matters involving this application (give
37014 MAIN STRI			STA COUNTY)	, CA 96013	ALEXIS	Michelle Berditschevsky, i BARRY, Tribal Administrator	Env. Coord. 530 335 5062 <u>or</u> 530 335 5421
6. EMPLOYER IDENTI 94-2424			,		7.	TYPE OF APPLICANT: (cuter appropria	le letter bere) <u>K</u>
8. TYPE OF APPLICAT X New I If Revision, enter appropri A. Increase A C. Increase I Other Specif	Continuation Disto letter(s) in beard B. D. Duration D.	(es): 🗖 :crease .		RECEIV DEC. 2 2 2	2004		
10. CATALOG OF PEDI	TP AT			STATE CLEARING	4 (160 (161)	OF FEDERAL AGENCY: U.S. DEPART	
DOMESTIC ASSISTA	NCE NUMBER			THE RESERVE OF THE PROPERTY OF	1	RÉTIVE TULE OF APPLICANTS PROJE RIVER TRIBE SOLID WASTE PICKUE	
TITLE: Water & Waste I							C ALLC I CLIM WI DISK VICES
Parts of Shasta, M Siskiyou Counties	10DOC AND			rney, Alturas	•		
13. PROPOSED PROJEC	T:		14. CONGRESS	IONAL DISTRICT OF:	FIRST D	ISTRICT REP. WALLY HERGER	
Start Date	End Dar		a Applicant: I	District 1			b. Project: District 1
January 1, 2005	DEC. 31, 2	105					
15. Estimated Funding.	\$148,041				16. 1. b.	IS APPLICATION SUBJECT TO REVIE 12372 PROCESS? YES. THIS PREAPPLICATION/APPLIC TO THE STATE EXECUTIVE ORDER I DATE NO. X PROGRAM IS NOT COVERED BY E I OR PROGRAM HAS NOT BEEN SEL	ATION WAS MADE AVAILABLE 2372 PROCESSES FOR REVIEW ON: .0. 12372
a. Federal	•		s 58.000			D ON THE STATE OF	ECONO DI GIALE FORREVIEW
b. Applicant			\$			•	•
c. EPA SOLID WASTE			\$ 56,041		-		
d Local			\$		•		
c. EPA GAP			s 34,000		٠		
f. Program Income			s			E APPLICANT DELINQUENT ON ANY FE	DERAL DEBT? X No
g TOYAL			s 148,041			<u>-</u>	
18. TO THE BES AUTHORIZE AWARDED.	ET OF MY KNOW ED BY THE GOV	EDGE	E AND BELIEF. AI G BODY OF THE A	L DATA IN TUIS APPLICA PILICANT AND THE APPL	TICANI MII	PPLICATION ARE TRUE AND CORRECT L COMPLY WITH THE ATTACHED ASS	THE DOCUMENT HAS BEEN DULY URANCES IF THE ASSISTANCE IS
a. Typed Name of Authoriz	zed Representativ	JESS	ICA JIM		b. Tide: T	RIBAL CHAIR	u. Telephone Number530 335 542 I
	SUM	aliye	<u>}</u>				e. Date Signed
revious Edinans Northerble	JULL	چکر ہ	- JIM				12-10-04 Standard Form 4ZAA (REV 4-88)
•							Prescribed by OMB Circular A-102

APPLICATION FOR	•		,		OMB Approv	val No. 0348-00
FEDERAL ASSISTANCE		2 DATE SUBMITTED Applicant idea 12/14/04		fier		
1. TYPE OF SUBMISSION:	OF SUBMISSION: 3. DATE RECEIVED		BY STATE State Applie		i - Marie	
Application	Preapplication		-,· •;;	State Applicati	n idenumer	
Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Identif		
Non-Construction	Non-Construction	DEC T7	0.004	I cociai identi	x	
5. APPLICANT INFORMATION						· · · · · · · · · · · · · · · · · · ·
Legal Name;			Organizational Unit:			
Burney Fire Prote		_	Fire / EMS	District	•	
Address (give city, county, State 37072 Main Street	c, and zip code):		Name and telephone	number of perso	to be contacted on	matters involve
Burney, CA 96013	- Shasta County	CEIVED	this application (give a 530-335-2212	rea code) Robe	rt C. May,	Fire Chi
6. EMPLOYER IDENTIFICATIO	N NUMBER (EN): DE	2 7 2004	7. TYPE OF APPLICA	NT: (ênler appn	priale letter in box)	
68 - 0 0 3	7 3 7 9	,	. 11			G
8. TYPE OF APPLICATION:		· = ADINO HOHE	A. State	H. Independent		
ì		LEARING HOUSE		I. State Control	d Institution of High	er Learning .
☐ Nev	Continuation	Revision	C. Municipal	J. Private Unive	sity	
If Revision, enter appropriate let	tor(s) in hov(ec)		D. Township	K. Indian Tribe		
and appropriate to	Lor(3) III BOX(63)		E Interstate	L. Individual	•	
A. Increase Award B. Dec	rease Award C. Increase	Duration	F. Intermunicipal	M. Profit Organi		
	specify):	Duration	G. Special District	N. Other (Speci	<i>•</i>	
•			9. NAME OF FEDERA	L AGENCY:		
			USDA - Rural	Developm	יחנ	•
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NUI	MBER:	11. DESCRIPTIVE TIT	LE OF APPLICA	NT'S PROJECT:	
		10 - 196	Ambulance Ch			
TITLE: Community	Facilities		Ambulance Ch	assis rep	acement and	remount
12. AREAS AFFECTED BY PRO		·· · · · · · · · · · · · · · · · · · ·	of existing	modular b	·ay.	
Burney; communitie	s of Montgomes, sign	Trook Use C				
Cassel, Old Statio	n. Clark Crack	dreek, nat tr	. eek			
13. PROPOSED PROJECT Chassis Replacemen	14. CONGRESSIONAL DIST	TRICTS OF:	Shasta County			
Start Date Ending Date	a. Applicant		b. Project			
Feb 2005 June 2005	2nd		2nd			
15. ESTIMATED FUNDING:			16. IS APPLICATION S	SUBJECT TO PI	VIEW BY STATE F	VEALITY OF
			ORDER 12372 PRO		VIEW DY STATE	XECUTIVE
a. Federal	5			, c.	•	
		,000 '	a YES THIS PREAF	PPI ICATION/AF	PLICATION WAS M.	VDE
D. Applicant	\$	in	AVAILABLE	TO THE STATE	EXECUTIVE ORDER	₩ 12372
: Stale	. 40	,300	PROCESS F	OR REVIEW OI	:	
-, Jule	\$	čio	}		•	•
i, Local	^		DATE 12-	27-04		
i, Local	\$	00				
. Other	\$		b. No. 🛛 PROGRAN	I IS NOT COVE	RED BY E. O. 12372	<u>!</u>
5 (1)	•	-00	OR PROG	RAM HAS NOT	EEN SELECTED BY	Y STATE
. Program Income	\$	80	FOR REVIE	EW .		
	•	•	47.10.7115.425.425			
I. TOTAL	5	00	17. IS THE APPLICANT			DEBT7
	70	,300 ~~	Yes If "Yes," at	tach an explan:	tion.	X No
8. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY	LEDGE AND BELIEF, ALL	DATA IN THIS APPLIC	CATION/PREAPPLICATION	N ARE TRUE		
		-KNING HOMY OF TL	IE APPLICANT AND THE	APPI ICANT V	IL COURTY WATE	= Tue
		DED.			INCOMPLE THE	INE
 Type Name of Authorized Representation 		Title	. 10	. Telephone Nui	ber	
Robert C. May		Fire Chief		<u>530-335-</u> 2.		
. Signature of Authorized Repres	entalive			. Date Signed	1 (.	
	AY			12 -14-	.04	
revious Edition Usable authorized for Local Reproduction					rd Form 424 (Rev. 7	′-97ì
anionzed in Cocal Kebroduction		•	•		ed by OMB Circular	

Ve	rsion	7	n	3

APPLICATION FOR	<u>-</u>	2. DATE SUBMITTED		Applicant Ider	Version 7/03		
FEDERAL ASSISTANCE		21 DECEMBER 2004	VOTATE				
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE 30 NOVEMBER 2004		State Applica	State Application Identifier		
☐ Construction	☐ Construction	4. DATE RECEIVED BY FEDERAL AGENC		Federal Identi	ifier		
Non-Construction	☐ Non-Construction						
5. APPLICANT INFORMATION Legal Name:	A CONTRACTOR OF THE PROPERTY O		Organizational Unit				
HOUSING AUTHORITY OF TH	E COUNTY OF RIVERS	SIDE	Department: HOUSING AUTHOR	ITY OF THE CO	DUNTY OF RIVERSIDE		
Organizational DUNS: 05-502-2305			Division: HOUSING AUTHOR	ITY OF THE CO	DUNTY OF RIVERSIDE		
Address:				Name and telephone number of person to be contacted on matters			
Street: 5555 ARLINGTON AVENUE			Involving this application (give area code) Prefix: First Name:				
City			NONE Middle Name	EMILIO			
City: RIVERSIDE			NONE				
County: RIVERSIDE	1		Last Name RAMIREZ Suffix:				
State: CALIFORNIA	Zip Code 92504		NONE				
Country: UNITED STATES			Email: ERAMIREZ@RIVCO	DEDA.ORG			
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give	area code)	Fax Number (give area code)		
95-6001631]		951.343.5473	ANIT: (0 b	951.352.4852		
8. TYPE OF APPLICATION:	II) 044-	n ∇ Revision		ANT: (See Dac	k of form for Application Types)		
If Revision, enter appropriate let	ter(s) in box(es)	n Kevision	COUNTY				
(See back of form for description	of letters.)		Other (specify)				
Other (specify)			9. NAME OF FEDER UNITED STATES D	RAL AGENCY: EPARTMENT O	F AGRICULTURE - RD		
10. CATALOG OF FEDERAL I		CE NUMBER:	11. DESCRIPTIVE T	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
TITLE (Name of Program): 1 0 – 4 1 5 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			RIPLEY FARM WOR	RKER HOUSING	CANT'S PROJECT: CENTER RECEIVE DEC 3 1 2004		
UNINCORPORATED COMMUNITY OF THE PROPOSED PROJECT	WITY OF RIPLET, RIVE		14. CONGRESSION	AL DISTRICTS	OF: STATE CLEARING HOU		
Start Date:	Ending Date:		a. Applicant 44 - KEN CALVERT		b. Project CLEARING HOU		
FEBRUARY 2005 15. ESTIMATED FUNDING:	FEBRUARY 2025		44 - ICLIA OVEREICI		REVIEW BY STATE EXECUTIVE		
		00	ORDER 12372 PROC	CESS?	N/APPLICATION WAS MADE		
a. Federal \$		3,795,110	a. res. ka AVAILA	BLE TO THE ST	ATE EXECUTIVE ORDER 12372		
b. Applicant \$		1,458,018		SS FOR REVIEV	VOIN		
c. State \$		3,000,000	DATE:				
d. Local \$			b. No. 🗍 PROGRA	AM IS NOT COV	/ERED BY E. O. 12372		
e. Other \$.00	OR PRO		T BEEN SELECTED BY STATE		
f. Program Income \$.00	17. IS THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		8,253,128 ·	☐ Yes If "Yes" attac	h an explanatior	ı. 🗷 No		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	, ALL DATA IN THIS AP GOVERNING BODY OF	PLICATION/PREAPPL	ICATION ARE 1	TRUE AND CORRECT. THE		
a. Authorized Representative Prefix	First Name		Middle	e Name			
Prefix MS. First Name SUSAN Last Name			Suffix				
b. Title			c. Telephone Number (give area code)				
EXECUTIVE DIRECTOR			951.343.5400 e. Date Signed				
d. Signature of Authorized Representative			elle 21 Di	ECEMBER 2004	. Observed Form 424 (Pov. 0. 2002)		
Previous Edition Usable Authorized for Local Reproduction	on				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102		